

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

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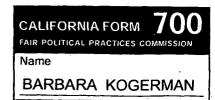
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FAIR COVER PAGE
PRACTICES COMMISSION (TN)

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| PΙέ | ease type or print in ink. | | ··· NACOTO DO | 01111331011 | | | | |
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| NA | ME OF FILER | (LAST) | 2013 APR 15 | PHFISTI 46 | (MIDDLE) | | | |
| K | OGERMAN | | BARBARA | | DIANE | | | |
| 1. | Office, Agency, or Cour | t | | | | | | |
| | Agency Name ORANGE COUNTY VECTOR CONTROL BOARD | | | | | | | |
| | Division, Board, Department, Dis | trict, if applicable | | Your Position | | | | |
| | | | | DIRECTOR | | | | |
| | ▶ If filing for multiple positions, list below or on an attachment. | | | | | | | |
| | Agency: CITY OF EAGUNA HILLS | | | Position: CITY CO | UNCIL MEMBER/MAYOR | | | |
| <u>2.</u> | Jurisdiction of Office (Check at least one box) | | | | | | | |
| | State | | | ☐ Judge or Court Comm | nissioner (Statewide Jurisdiction) | | | |
| | Multi-County | · · · · · · · · · · · · · · · · · · · | <u></u> | County of ORANG | • | | | |
| | City of LAGUNA HILLS | | | | | | | |
| | | | | | | | | |
| 3. | Type of Statement (Chec | ck at least one box) | | | | | | |
| | Annual: The period covered December 31, 201 | | rough | Leaving Office: Date (Check one) | te Left/ | | | |
| | -or- | z. d is/ | through | ., | ed is January 1, 2012, through the date of | | | |
| | December 31, 201 | 2. | | leaving office. | or to take y i, zote, anough alo date of | | | |
| | Assuming Office: Date ass | sumed 12 , 10 | 2012 | The period cover the date of leaving | ed is/, throughing office. | | | |
| | Candidate: Election year and office sought, if different than Part 1: | | | | | | | |
| 4. | Schedule Summary | | | | Ž | | | |
| | Check applicable schedules or | "None." | ► Total nu | mber of pages includ | ding this cover page: 2 | | | |
| | Schedule A-1 - Investments | - schedule attached | | Schedule C - Income, Loa | ns, & Business Positions - schedule attached | | | |
| | Schedule A-2 - Investments | ** | | Schedule D - Income - Gi | | | | |
| | Schedule B - Real Property | schedule attached | Ц | Schedule E - Income - Gi | fts - Travel Payments - schedule attached | | | |
| | -or- None - No reportable interests on any schedule | | | | | | | |
| _ | V-ud-ud-u | | | | | | | |
| ე. | Verification | | | | | | | |
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| | | | | | | | | |
| | certify under penalty or perjury under the laws of the State C | | | | | | | |
| | Date Signed <u>04/01/2013</u> | | | | | | | |
| | | h, day, year) | | | | | | |
| | | | | | | | | |

SCHEDULE D Income - Gifts



| NAME OF SOURCE | • | c | ► NAME OF SOUR | CE (Not an Acron | ym) | | | |
|--------------------------------|---|------------------------|-----------------|---|------------------------|--|--|--|
| ADDRESS (Business 25473 NELLIE | | <u> </u> | ADDRESS (Busin | ADDRESS (Business Address Acceptable) | | | | |
| BUSINESS ACTIVIT | Y, IF ANY, OF SOU | RCE | BUSINESS ACTIV | BUSINESS ACTIVITY, IF ANY, OF SOURCE | | | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | | | |
| 04,24,12 | \$200.00 | TICKET TO GALA | | \$ | | | | |
| | \$ | * | . | - \$ | | | | |
| | \$ | | | \$ | | | | |
| NAME OF SOURCE | (Not an Acronym) | | ► NAME OF SOUR | CE (Not an Acron | ym) | | | |
| ADDRESS (Busines | s Address Acceptab | le) | ADDRESS (Busin | ADDRESS (Business Address Acceptable) | | | | |
| BUSINESS ACTIVIT | TY, IF ANY, OF SOU | RCE | BUSINESS ACTIV | BUSINESS ACTIVITY, IF ANY, OF SOURCE | | | | |
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| BUSINESS ACTIVIT | TY, IF ANY, OF SOU | RCE | BUSINESS ACTIV | | | | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | | | |
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| | | | | | | | | |
| Comments: | | <u> </u> | * : | | | | | |